

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION            | INITIALS | ID NO. | DATE    |
|---------------------|----------|--------|---------|
| FEE DETERMINATION   |          | 71530  | 5/27    |
| O.I.P.E. CLASSIFIER |          |        | 6-2-99  |
| FORMALITY REVIEW    | EJS      | 60185  | 6/20/99 |

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim          | Date |
|----------------|------|
| Final Original |      |
| 1              | ✓    |
| 2              | ✓    |
| 3              | ✓    |
| 4              | ✓    |
| 5              | ✓    |
| 6              | ✓    |
| 7              | ✓    |
| 8              | ✓    |
| 9              | ✓    |
| 10             | ✓    |
| 11             | ✓    |
| 12             | ✓    |
| 13             | ✓    |
| 14             | ✓    |
| 15             | ✓    |
| 16             | ✓    |
| 17             | ✓    |
| 18             | ✓    |
| 19             | ✓    |
| 20             | ✓    |
| 21             | ✓    |
| 22             | ✓    |
| 23             | ✓    |
| 24             | ✓    |
| 25             | ✓    |
| 26             | ✓    |
| 27             | ✓    |
| 28             | ✓    |
| 29             | ✓    |
| 30             | ✓    |
| 31             | ✓    |
| 32             | ✓    |
| 33             | ✓    |
| 34             | ✓    |
| 35             | ✓    |
| 36             | ✓    |
| 37             | ✓    |
| 38             | ✓    |
| 39             | ✓    |
| 40             | ✓    |
| 41             | ✓    |
| 42             | ✓    |
| 43             | ✓    |
| 44             | ✓    |
| 45             | ✓    |
| 46             | ✓    |
| 47             | ✓    |
| 48             | ✓    |
| 49             | ✓    |
| 50             | ✓    |

| Claim          | Date |
|----------------|------|
| Final Original |      |
| 51             | ✓    |
| 52             | ✓    |
| 53             | ✓    |
| 54             | ✓    |
| 55             | ✓    |
| 56             | ✓    |
| 57             | ✓    |
| 58             | ✓    |
| 59             | ✓    |
| 60             | ✓    |
| 61             | ✓    |
| 62             | ✓    |
| 63             | ✓    |
| 64             | ✓    |
| 65             | ✓    |
| 66             | ✓    |
| 67             | ✓    |
| 68             | ✓    |
| 69             | ✓    |
| 70             | ✓    |
| 71             | ✓    |
| 72             | ✓    |
| 73             | ✓    |
| 74             | ✓    |
| 75             | ✓    |
| 76             | ✓    |
| 77             | ✓    |
| 78             | ✓    |
| 79             | ✓    |
| 80             | ✓    |
| 81             | ✓    |
| 82             | ✓    |
| 83             | ✓    |
| 84             | ✓    |
| 85             | ✓    |
| 86             | ✓    |
| 87             | ✓    |
| 88             | ✓    |
| 89             | ✓    |
| 90             | ✓    |
| 91             | ✓    |
| 92             | ✓    |
| 93             | ✓    |
| 94             | ✓    |
| 95             | ✓    |
| 96             | ✓    |
| 97             | ✓    |
| 98             | ✓    |
| 99             | ✓    |
| 100            | ✓    |

| Claim          | Date |
|----------------|------|
| Final Original |      |
| 101            | ✓    |
| 102            | ✓    |
| 103            | ✓    |
| 104            | ✓    |
| 105            | ✓    |
| 106            | ✓    |
| 107            | ✓    |
| 108            | ✓    |
| 109            | ✓    |
| 110            | ✓    |
| 111            | ✓    |
| 112            | ✓    |
| 113            | ✓    |
| 114            | ✓    |
| 115            | ✓    |
| 116            | ✓    |
| 117            | ✓    |
| 118            | ✓    |
| 119            | ✓    |
| 120            | ✓    |
| 121            | ✓    |
| 122            | ✓    |
| 123            | ✓    |
| 124            | ✓    |
| 125            | ✓    |
| 126            | ✓    |
| 127            | ✓    |
| 128            | ✓    |
| 129            | ✓    |
| 130            | ✓    |
| 131            | ✓    |
| 132            | ✓    |
| 133            | ✓    |
| 134            | ✓    |
| 135            | ✓    |
| 136            | ✓    |
| 137            | ✓    |
| 138            | ✓    |
| 139            | ✓    |
| 140            | ✓    |
| 141            | ✓    |
| 142            | ✓    |
| 143            | ✓    |
| 144            | ✓    |
| 145            | ✓    |
| 146            | ✓    |
| 147            | ✓    |
| 148            | ✓    |
| 149            | ✓    |
| 150            | ✓    |

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)